equally fallen a victim to any other feverish disorder, while in smallpox the chief mortality occurs during the suppurative stage.—*Ed. Med. & Surg. Journ.* April 1843, from *Bull. de l'Acad. de Med.* Oct. 1843.

32. *Confluent Smallpox in a new-born child.*—M. Gerardin exhibited a child to the meeting of the French Academy of Medicine, born five days previously with a full eruption of confluent smallpox in a state of suppuration. The mother was healthy and had no complaint. About eight or ten days before her confinement she had visited a friend in the Hospital of La Pitie, near whom lay a person affected with smallpox. She herself suffered nothing in consequence of this visit, but the fœtus *in utero* had apparently been affected with the disease in consequence.—*Ibid.* Jan. 1843.

33. *Universal Suppuration of the Cerebro-spinal Membranes, without any corresponding symptoms.* By Professor Wagner of Vienna.—Jacob Eichinger, a soldier in the 4th Light Infantry Regiment, had enjoyed good health during the seven years that he had been in the service. On the 17th of November, 1839, he was suddenly attacked with symptoms of gastric derangement, which increased on the following day, and compelled him to go to bed, at about a quarter to twelve, A. M. He fell asleep, and awoke in an hour delirious. Convulsions soon supervened; the man became comatose, and, although the most active antiphlogistic treatment was had recourse to, he died on the following day, November 19th, at half-past four in the morning.

The body was examined on the 20th. The cranial bones were remarkably thin, and the right side of the skull somewhat prominent. The whole of the superior surface of the cerebral hemispheres was covered with a layer of yellow fluid pus, and appeared somewhat flattened; no trace of the arachnoid could be found at this part. The pia mater was highly congested, and infiltrated with pus in its prolongations between the convolutions; the substance of the hemispheres was very much softened, and contained numerous points of blood when cut through; the lateral ventricles empty, and their walls softened in the highest degree; the pineal gland was very much enlarged, and did not contain any calcareous matter. The inferior surface of the cerebrum, and the whole of the cerebellum, were covered with pus, and extremely soft; the arachnoid here also appeared to have been destroyed; the base of the cranium was bathed in pus; no fluid in the third or fourth ventricles; the pineal gland much injected. The inner surface of the trachea was of a light red colour, but the bronchi was healthy. There were some adhesions between the pleuræ, and the substance of the lungs was much congested; a few tubercles in the upper part of the left lung. The heart was very large, soft, and loaded with fat, but not diseased. In the abdominal cavity nothing worthy of notice was found. The bladder contained about half a pint of turbid urine. The fibrous membrane of the spinal marrow was much injected, and the cellular membrane particularly so; its whole surface, and especially opposite the cauda equina, was bathed in the same kind of purulent matter as the brain; there was no trace of the serous membrane, and the substance of the spinal marrow itself was converted into a thin, pultaceous matter.

Remarks.—This remarkable case is almost unique in the annals of medical science. Pathologists must decide whether the inflammation commenced in the arachnoid membrane, or extended to it from the softened nervous tissue, or whether both states were simultaneously produced by one and the same cause. But, however this may be, we cannot but be struck with surprise that such extensive softening of the cerebro-spinal nervous mass, and universal suppuration of its serous membrane, should have existed without the production of any symptoms to indicate such extensive disease. Particular inquiries were made in the regiment in which the man had served, and it was ascertained that during the seven previous years he had enjoyed excellent health, having continued to do his duty as a soldier without interruption. It was only two days before his decease that gastric and convulsive symptoms made their appearance, and quickly terminated in coma and death.—*Prov. Med. Journ.*, Dec. 3, 1842, from *Ostr. Med. Woch.*, Nov. 4, 1842.

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34. *Typhus Abdominalis.*—Much new light has been lately thrown upon the pathology of this form of disease (typhus) by the researches and observations of Professor Rokitansky, and which have been made known to the profession in this country by my friends and colleagues in Vienna, Drs. Drysdale and Russell, in their valuable article on the Pathology of Typhus, in the note to "Fletcher's Elements of General Pathology." From this we learn that "the Typhus process is characterized in an anatomical point of view by the deposition of a peculiar morbid product, which forthwith undergoes a distinct series of peculiar changes. The seat of this process is various, and depends upon the specific relation of the general process to certain organs. The tissues most subject to this deposition are the mucous membrane and the lymphatic glands; and in Austria, at least, where the observations were made, the mucous membrane of the ileum (*ilio-typhus*) is most frequently affected, but it also occurs in the bronchia and lungs, (when in this seat constituting most probably the *exanthematic typhus*,) and also, though very rarely, in the colon (*colo-typhus*)."

Let us examine its changes in the intestines—the most frequent seat of the process. First, the stage of congestion, corresponding to the period of irritation and catarrhal or gastric symptoms. "It exhibits a congested state of the vessels, or succulent condition of the mucous membrane, particularly of the villous coat extending over the greater part of the ileum, but better marked at particular spots—especially near the cœcum; the mesenteric glands are slightly swollen, their vessels are gorged with blood, their substance soft and elastic, and their colour dark.

"In the second stage (the stage of deposition of the morbid product, *i. e.* typhus infiltration, which is in respect to the degeneration its crude stage) the congested stage moderates to a certain degree, and is reduced to several spots corresponding to the Peyerian glands, and a few solitary follicles. Here it appears in the form of round elliptic '*plaques*,' varying from half a line to three lines in thickness, which are formed by the deposition of a peculiar substance in the Peyerian plexus and submucous cellular tissue. On a more close examination the degeneration is found to be so deposited in the submucous tissue of the follicles, that the deepest layer of that tissue, immediately covering the muscular coat, remains free from infiltration. It very seldom reaches beyond the bounds of the follicular apparatus.

"The mesenteric glands are now more swollen, so as to reach the size of a bean or hazel nut, blue, or grayish-red, tolerably consistent, and apparently infiltrated with lardaceous substance.

"The commencement of the third stage (that of intumescence, softening and throwing off of the degeneration) is indicated by a return of the congestion in the ileum in a violent degree. The vessels, especially the veins, both in the mesentery and in their ramifications in the intestines, are gorged with dark-violet viscid blood, and the tissue of the mucous membrane presents again a swollen appearance, more especially in the villi, which yield a grayish-white turbid fluid on pressure.

"But the most remarkable change takes place in the *typhus-plaques* and mesenteric glands, which become spongy and turgescent. These changes may take place in either of the following ways. The deposit assumes the appearance of a grayish marrow-like substance, and is then, along with the covering of the mucous membrane adhering to it, converted into a dirty yellowish-brown eschar; which, shrinking together from all sides, gradually loosens itself at the margin, splits into various directions, breaks off from the deepest stratum of the submucous cellular tissue, and is carried off all at once, or by a repeated recurrence of the process; or the deposit degenerates into a loose, vascular, blood-streaked, bluish-red, luxuriant fungoid structure, which becomes a special source of profuse intestinal hemorrhages, and is generally thrown off piecemeal without scabbing.